**ANNEX 1: NOMINATION FORM**

**GLOBAL CLIMATE CHANGE ALLIANCE PLUS (GCCA+) SCALING UP PACIFIC ADAPTATION (SUPA) PROJECT**

**REGIONAL TRAINING ON THE IMPACTS METHODOLOGY AND ADAPTATION IMPACTS DATABASE.**

1. Country/Territory Name:

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| --- |
|  |

2. Name of Nominating Organisation:

|  |
| --- |
|  |

3. Name of the Nominee(s):

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| --- |
| 1) |
| 2) |
| 3) |

Our organisation hereby applies for the GCCA+ SUPA Output 1 Training and proposes to nominate the qualified personnel to participate in the training.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | Signature: | |  | | |
| Name: | |  | | | | | |
| Designation / Position | |  | | | | | Official Stamp |
| Department / Division | |  | | | | |
| Office Address and  Contact Information | | Address: | | | | |
| Telephone: | | Fax: | | E-mail: | |

4. Information about the Nominee

NOTE>>> To be completed by the Nominee. The applicants are required to fill in “Every Item”.

1) Name of Nominee (as in the passport)

Family Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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First Name

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Middle Name

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- | --- | --- | --- | --- |
| 2) Nationality  (as shown in the passport) |  | | 5) Date of Birth (please write out the month in English as in “April”) | | | |
| 3) Sex | ( ) Male | ( ) Female | Date | Month | Year | Age |
| 4) Religion |  | |  |  |  |  |
| 6) City of Departure |  | | | | | |
| 7) Passport Number |  | | | | | |
| 8) Copy of the passport | Attached　□ | | | | | |
| 9) Any food restrictions |  | | | | | |

10) Present Position and Current Duties

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Organisation |  | | | | | | |
| Department / Division |  | | | | | | |
| Present Position |  | | | | | | |
| Date of employment by the present organisation | Date | Month | Year | Date of assignment to the present position | Date | Month | Year |
|  |  |  |  |  |  |

11) Outline of Duties: Describe your current duties

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12) Travel-related Documents: Please specify current/valid visa (if any)

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13) Contact Information

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| Office | Address: | |
| TEL: | Mobile (Cell Phone): |
| FAX: | E-mail: |
| Home | Address: | |
| TEL: | Mobile (Cell Phone): |
| FAX: | E-mail: |
| Contact person in emergency | Name:  Relationship to you: | |
| Address: | |
| TEL: | Mobile (Cell Phone): |
| FAX: | E-mail: |